| Application or Docket Number | | | | | | | |
|--|---------------|--|----------|--|--|------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD 07/897608 | | | | | | | 8 . [|
| Eff | | NO2003 | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | |
| TOTAL CLAIMS | 8 | | RA | TE FEE | 7 | RATE | FEE |
| FOR | NUMBER FILED | NUMBER EXTR | A BASIC | FEE 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE. CLAIM | s g minus 20= | · ø | X\$ | 9= | OR | X\$18= | |
| INDEPENDENT CLAIMS | 2 minus 3 = | 2 minus 3 = 3 | | 0= | OR | X80= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | +13 | 15= | OR | +270=- | |
| * If th difference in column 1 is less than zero, enter "0" in column 2 | | | | ΓAL | OR | TOTAL | 7/0 |
| CLAIMS AS AMENDED - PART II | | | | | | OTHER | |
| / (Column | | lumn 2) (Colum | n 3) SM/ | ALL ENTITY | OR | SMALL | |
| CLAIMS REMAININ -AFTER AMENDME Total 10 Independent 2 | G NU PRE | GHEST JMBER PRESE VIOUSLY EXTR | A HA | ADDI- TE TIONAL FEE | - | RATE | ADDI- TIONAL FEE |
| Total 10 | Minus | = " | XS | | OR. | X\$18= | |
| independent • 2 | Minus | = | X4 | 0= | QR. | Voo | .== |
| FINST PRESENTATION OF MOUTIFLE DEPENDENT COAIM | | | | | | | |
| DEST AVAILABLE COPY L | | | | OTAL | OR | TOTAL | |
| | | | | FEE | JOR | ADDIT. FEE | |
| (Column CLAIMS | HI | lumn 2) (Colum | nn 3) | ADDI- | 7 | | ADDI- |
| REMAININ AFTER AMENDME Total Independent | PRE | UMBER PRESE VIOUSLY EXTR LID FOR | | | . # ## ### ########################### | RATE | TIONAL FEE |
| Total • | Minus •• | = , | X\$ | 9= | OR | X\$18= | |
| Independent • | Minus *** | .]= | X4 | 0= | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= | | | | | 7 | | |
| , | * | *4. | | OTAL | OR | TOTAL | |
| | | | | FEE | OR | ADDIT. FEE | |
| (Column CLAIMS | | dumn 2) (Colum | nn 3) | | _ | | |
| Total Independent REMAINING AFTER AMENDME Independent | IG NI | UMBER PRESI | | TE TIONAL FEE | - | RATE | ADDI- TIONAL FEE |
| Total • | Minus •• | = | X\$ | | OR | X\$18= | |
| Independent • | Minus *** | = | X4 | 0= | OR | You | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | 7 | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | OR | +270= | |
| ** If the "Highest Number Pr viousty Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previousty Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE | | | | | OR | ADDIT. FEE | |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | |